



**NTC BRANCH CLINIC
OVERSEAS/OPERATIONAL DUTY SCREENING PROCESS INSTRUCTION SHEET
ACTIVE DUTY**

NAVAL TRAINING CENTER (NTC)
2051 CUSHING RD.
SAN DIEGO, CA 92106
PHONE: 619-524-0562/0229
MON-FRI: 0730-1530

****Upon receiving the letter of intent (LOI) or hard copy orders it is important to complete the medical pre-requisites on the following page as soon as possible. Our average appointment availability is 2-3 weeks from the completion date of pre-screening****

PART I (PRE-SCREENING) Walk-in hours: M-F 0730-1100 and 1300-1430.

Review of medical records, including verification of all pre-requisites. Upon completion, an appointment for PART II will be made.

All Medical Screenings are booked in person after completion of Part I

PART II (MEDICAL SCREENING) By appointments only: M-F 0800-1530.

A medical interview conducted by a Medical Officer or Medical Provider trained in Suitability Screening. The goal of screening is to identify any medical conditions that may be beyond the medical capabilities of the gaining Medical Treatment Facility. Medical Screener will determine and inform you of your suitability.

*****PLEASE COMPLETE ALL MEDICAL PRE-REQUISITES (PHA, LAB, IMMUNIZATIONS, etc) AT YOUR MEDICAL PRIOR TO PRE-SCREENING TO MINIMIZE DELAYS IN BOOKING YOUR PART II*****

SUITABILITY SCREENING FORMS:

PRIOR TO PRE-SCREENING ENSURE THE FOLLOWING ITEMS ARE COMPLETED:

- **NAVMED 1300/1 - ONLY NAME, SSN, NEXT DUTY STATION FOR PAGE 1. DENTAL CLASSIFICATION WITH A DENTAL OFFICER SIGNATURE ON NAVMED 1300/1 PART II (PAGE 3).**
- **DD FORM 2807 – COMPLETE ALL BLOCKS 1-29, WITH EXPLANATIONS OF ALL YES ANSWERS IN BLOCK 29.**
- **NAVPERS 1300/16 - FILL OUT THE TOP OF THE PAGE WITH SERVICE MEMBER'S NAME.**
- **IF RECENTLY RELEASED FROM LIMDU – BRING ALL RELATED PAPERWORK**
- **IF YOU HAVE ANY PENDING CONSULTS OR FOLLOW UPS WITH SPECIALTY CLINICS (Ortho, Endo, Mental Health, Physical Therapy etc.) Ensure to complete the follow ups and ensure full documentation of your treatment is completed prior to your Part II appointment.**

******FAILURE TO COMPLETE THE FOLLOWING PREREQUISITES WILL RESULT IN DELAYS IN SCHEDULING AN APPOINTMENT. IF YOU PRESENT TO YOUR APPOINTMENT WITHOUT ALL THE COMPLETED ITEMS, IT WILL RESULT IN THE CANCELAN OF YOUR PART II APPOINTMENT******



NTC, BRANCH CLINIC
OVERSEAS/OPERATIONAL DUTY ACTIVE DUTY PRE-REQUISITE CHECK LIST

ORDERS/LETTER OF INTENT (IN HAND) _____

PHA (Within last 12 months) *must have an electronic copy in AHLTA or a hard copy NAVMED 6120/4 in medical record.* _____

PHYSICAL EXAMS IF APPLICABLE (Submarine, Flight, Radiation, Dive, MSG duty etc.) _____

READINESS LABS:

HIV (WITHIN LAST 2 YEARS) _____

DNA _____

BLOOD TYPE/RH FACTOR _____

G6PD _____

SICKLE CELL TRAIT _____

TEST/SCREENINGS:

PPD/RISK ASSESSMENT (ANNUAL) _____

PPD CONVERTOR SCREENING (ANNUAL) IF APPLICABLE _____

X-RAYS: ONE CHEST X-RAY IN FILE REQUIRED FOR ANY PPD CONVERTORS (+ PPD) _____

AUDIO:

DD 2215 Every 5 years (non- hearing conservation program personnel) _____

DD 2216 Annual (hearing conservation program personnel) _____

IMMUNIZATIONS: (ALL REQUIRED MILITARY IMUNIZATIONS UP TO DATE/ JEV IF APPLICABLE UPON SUITABILITY DETERMINATION) _____

FEMALES:

PAP SMEAR (PER ACOG GUIDELINES) _____

MAMMOGRAM (AGES 40 AND ABOVE – WITHIN LAST 12 MONTHS) _____

2807-1: COMPLETELY FILLED OUT BY MEMBER/EXPLAIN ALL YES ANSWERS ON BLOCK 29 _____

1300/1 PART I: COMPLETELY FILLED OUT ALL IDENTIFIABLE INFORMATION AT THE TOP (NAME, SSN, AND NEXT DUTY STATION). LEAVE THE REST BLANK _____

1300/1 PART II: DENTAL CLASS & DENTAL OFFICER SIGNATURE _____

VERIFICATION OF PRE-REQUESITES COMPLETED BY NTC SUITABILITY SCREENING STAFF ONLY

PRE-SCREENER NAME: _____ APPOINTMENT BOOKED YES- NO _____

PRE-SCREENER REMARKS (Please annotate any discrepancies on the space below: _____